

**NOTICE OF REMOVAL OF CHILD FROM ADOPTIVE HOME**

**TO: California Department of Social Services  
Adoptions Services Bureau  
744 P Street, M.S. 19-31  
Sacramento, California 95814**

State Case Number

\_\_\_\_\_ born \_\_\_\_\_ was  
NAME OF CHILD BIRTHDATE

removed from the home of \_\_\_\_\_ and  
NAME OF APPLICANT

\_\_\_\_\_ at \_\_\_\_\_  
NAME OF APPLICANT ADDRESS

on \_\_\_\_\_  
DATE

Date of Placement \_\_\_\_\_

AAP Placement: ☐ Yes ☐ No**REASON FOR REMOVAL:** *(Check the most significant reason)*1. ☐ Child behavior problem6. ☐ Return to permanent foster care2. ☐ Marital problems7. ☐ Death of parent(s)3. ☐ Financial problems8. ☐ Death of child4. ☐ Parenting problems  
(Child removed by agency)9. ☐ Other (specify) \_\_\_\_\_5. ☐ Parenting problems  
(Child removed at request of parent(s))\_\_\_\_\_  
(NAME OF AGENCY)

By \_\_\_\_\_

Date \_\_\_\_\_